

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 403011✓	RECEIPT DATE:	10 / 15 / 99✓
IA NUMBER:	PCT/ JP99 / 01099✓	IA FILING DATE:	03 / 08 / 99✓
FAMILY NAME:	UESUGI ✓	DELAY WAIVED (Y/N):	Y✓
GIVEN NAME:	MITSURU ✓	DEMAND RECEIVED (Y/N):	N
PRIORITY CLAIMED (Y/N):	Y✓	PRIORITY DATE:	03 / 10 / 98✓
NO BASIC FEE (Y/N):	N✓	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	P18583✓	COUNTRY:	JPX
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	TELEPHONE	7037161191✓
		FAX	
NAME:	BRUCE H BERNSTEIN ✓		
	GREENBLUM & BERNSTEIN ✓		
STREET:	1941 ROLAND CLARKE PLACE ✓		
CITY:	RESTON ✓		
STATE/COUNTRY:	VA ✓	ZIP:	20191✓
EMAIL:			
APPLICATION TITLES:			
	CDMA BASE STATION AND METHOD OF TRANSMISSION POWER CONTROL ✓		

TAB TO LAST POSITION, PUSH SEND

SERIAL NUMBER 09/403,011	FILING DATE 10/15/99	CLASS 455	GROUP ART UNIT 2749	ATTORNEY DOCKET NO. P18583
-----------------------------	-------------------------	--------------	------------------------	-------------------------------

APPLICANT MITSURU UESUGI, YOKOSUKA-SHI, JAPAN; OSAMU KATO, YOKOSUKA-SHI, JAPAN.

CONTINUING DOMESTIC DATA***

VERIFIED

JS

371 (NAT'L STAGE) DATA***

VERIFIED THIS APPLN IS A 371 OF PCT/JP99/01099 03/08/99

JS

FOREIGN APPLICATIONS***

VERIFIED JAPAN JP10-78315 03/10/98

JS

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 11/29/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> no Verified and Acknowledged <u>JS</u> Examiner's Initials Initials	STATE OR COUNTRY JPX	SHEETS DRAWING 7	TOTAL CLAIMS 11	INDEPENDENT CLAIMS 4
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------	---------------------	--------------------	-------------------------

SEE CUSTOMER NUMBER: 007055

ADDRESS

CDMA BASE STATION AND METHOD OF TRANSMISSION POWER CONTROL

TITLE

FILING FEE RECEIVED \$918	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
------------------------------	-----------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------